



325 Old Mill Rd
Cartersville, GA 30120
www.excelca.org

CREDIT CARD AUTHORIZATION

Parent Name: _____

Student(s) Name: _____

I, _____, authorize Excel Christian Academy
(card holder NAME)

to charge to the below listed account, the sum of \$ _____.

*I understand this agreement is for cafeteria use only.
Verbal confirmation may be requested for additional security.*

CREDIT CARD NUMBER: _____
(circle one): VISA / MasterCard / American Express

EXPIRATION: ____ SECURITY CODE: _____ BILLING ZIP CODE: _____

NAME AS APPEARS ON CARD: _____

CARD HOLDER SIGNATURE: _____



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